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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/608,809

Confirmation No.: 7558

Applicant: Dobbs et al.

Filed: June 27, 2003

Art Unit: 1724

Examiner: Robert H. Spitzer

Docket No.: 210-609INT

Customer No.:

20874

Title: A Plate-Type Heat Exchanger

Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

In response to the OFFICE ACTION mailed from the United States Patent and Trademark Office on December 8, 2004, please enter in the above-captioned patent application the Amendments presented herein, and please consider the Remarks that follow. Applicants believe that fees for three (3) additional independent claims and three (3) extra claims are due on account of the submission of this paper. However, if Applicants are incorrect and fees in a different amount are due, the Director is hereby authorized to charge any additional fees, or to make any refund of an overpayment, to Deposit Account No. 50-0289.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 10 of this paper.

Amendments to the Drawings begin on page 15 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.

Remarks/Arguments begin on page 16 of this paper.

An Appendix including amended drawing figures is attached following page 26 of this paper.

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FIRM'S TRA

PTOSB/17 (12-04)
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Effective on \$2/04/2004.						<u> </u>		11 12 11(3)(1)			
Fers pursuant to the Consolidated Appropriations Act. 2005 (11.3. 4818).					Application Number 10/608,809						
FEE TRANSMITTAL				Filing Date			June 27, 2003				
				First Named Inventor			DOBBS, Gregory M.				
For FY 2005				Examiner Name			SPITZER, Robert H.				
Applicant claims small entity status. See 37 CFR 1.27					Art Unit 1724						
TOTAL AMOUNT OF PAYMENT \$750.00					Attorney Docket No. 210 6			TMIC		•	
Express Mail Label EL985153300US											
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Moricy Order None Other (please identify):											
Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Marjama & Bilinski LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
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FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
	FILIN			EARCH FEES		EXAMINATION E					
Application Type	Fee (\$) Small Entity Fee (\$)		Fee (\$)		Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		Fee	Fees Paid (\$)	
Unility	300		500		250	200		100			
Design	:200	100	100		50	130	65			·	
Plant	200	100	300		150	160	80				
Reissue	.300	150	.500		250	600	300				
Provisional	200	100	0		O	0	0.				
2. EXCESS CLAIM FEES										<u>Small</u> Entity:	
Fee Description									Fee (S).	Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent									50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200										100	
Multiple dependent claims							<u> </u>	,	360	180	
Total Claims		Extra Claims	12		Fce (S)		Fee P	aid (S)	Multiple D Claims	<u>ependent</u>	
23	- 20 or IIP =	3	X		-50.00	<u> </u>	150.00)	Fee (S)	Fee Paid (S)	
100-111) - (^				<u> </u>	-	7.4 .7		
Indep: Claims	total claims paid for, if greater than 20 Extra Claims		<u> </u>	Fee (S)		· ·	Fee Paid (S)				
	-3 or HP =		x		200.0	33	600.00				
6 3 or HP = 3 x 200.0 = 600.00 HP = highest number of independent claims paid for, if greater than 3											
3. APPLICATION SIZE FI	EE.				-			•			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a) (1)(G) and 37 CFR 1:16(s).											
otal Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid											
- 100 = 1/50 = (round up to a whole number) x =										F P . 3.1	
4. OTHER FEES										<u>Fees Paid</u> (S)	
Non-English Specification, \$130 fee (no small entity discount)											
Other:											
SUBMITTED BY Registration No. 42,897 Telephone 3										15-125-0000	
Signature Km/ S WWW						(Attorney/Agent)					
Name (Print/Type) Jöseph B. Milistein, Ph.D. Drite February 22, 2005 This collection of information is required to obtain or return a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by											

This collection of information is recipied by 37 (Fig. 17). It is not information is required to account retains, and submitting the completed application form to the USFTO. Thus will vary depending upon the individual case. Any comments on the amount of time your require to complete this form unifor suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Paines and Transcript of Comments on the amount of time your require to complete this form unifor suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Paines and Transcript Office, U.S. Paines and Transcript Office, U.S. Paines and Transcript Office, U.S. Paines and Transcript. Office, U.S. Paines and Transcript. The Commissioner for Painess, P.O. Box 1450, Alexandria, VA 22313-1450. DOINOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Painess, P.O. Box 1450, Alexandria.